Name in Full

Addie Bennett.

Certificate of Death

Died at St Peters (Town) Somerset (County) MARYLAND

Date 1899 Month Apr Day 30 | Age Y. 24 M. D. | Native of Md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 0

~~Husband~~ Wife of William Bennett

Father's Name Edw Shores | Mother's Name Mary Hopkins

Cause of Death: Primary Pulmonary Tuberculosis — How long sick 14 mos

Immediate Asthenia 22a

~~Accident, Suicide, Homicide~~

Reported by R. L. Hoyt M.D.

Address Druid P.O. [redacted] Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full Edward Boyd

Certificate of Death

Died at Town near Pocomoke City County Somerset MARYLAND

Date 189 9 Month Of Day | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced | Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Leader-Enterprise.

Address 5-6 Pocomoke City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75865

Name in Full

Certificate of Death

P. Sidney Dryden.

Died at Town Princess Anne County Somerset MARYLAND

Date 1899 Month April Day 25 Age Y. 50 M. D. Native of Somerset Occupation Hotell Keeper

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 6

Husband of Wife ~~[illegible]~~ Mary

Father's Name Parnell Dryden Mother's Name Elizabeth

Cause of Death: Primary Accident. 145d How long sick

Immediate Killed by Cars Accident, ~~Suicide, Homicide~~

Reported by Son, Bruce Dryden,

Address B

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr. .....

of .....

Seen by Coroner ..... No Inquest .....

of .....

Information contained in this certificate received

from ..... Wm H. Smith Undertaker .....

of .....

Name In Full had none & French

Certificate of Death

Died at Town Fairmount County Somerset MARYLAND

Data 1899 Month April Day 13 | Age Y. M. D. 3 dose | Native of md | Occupation

Male yes White yes Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name John French Mother's Name hester French

Causa of Death: Primary head fall 1372 How long sick 3 dose

Immadiata Accident, Suicide, Homicide

Reported by William a Ford

Address London ville Somerset Co md

Must be signed by physician, if any in attendance, otherwise by coroner, undartakar or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr. No

of

Seen by Coroner

of

Information contained in this certificate received

from Family

of Fairmount

Name In Full

Burton N Gibbons

Certificate of Death

Died at Town Westover County Somerset MARYLAND

Date 189 4 Month 4 Day 11 Age Y. 30 M. D. Native of Maryland Occupation Lay Labourer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Wm N Gibbons Mother's Name Mary H M Gibbons

Cause of Death Primary Consumption How long sick 3 months

Immediate 22a Accident, Suicide, Homicide

Reported by Stevenson & Bro (?)

Address Pocomoke City

Must be signed by physician, if any in attendance, otherwise by [illegible]oner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name In Full Thomas Lattimore

Certificate of Death

Died at Town Fairmount County Somerset MARYLAND

Date 189 Month Apl Day 23 | Age Y. 51. M. D. | Native of Va | Occupation Mason

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 4

Husband of Wife Eliz. L Walston

Father's Name do | Mother's Name

Cause of Death — Primary , | How long sick 8 days

Immediate Pneumonia 72 | Accident, Suicide, Homicide

Reported by Dr L. E. Dashiell

Address Upr. Fairmount Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 74818

Attended by Dr. G. E. Dickman

of Mt. Farmit Md

Seen by Coroner _____

of _____

Information contained in this certificate received from Family & Dr

of _____

Name in Full John Revell

Certificate of Death

Died at Town St Peters County Somerset MARYLAND

Date 1899 Month Apr Day 20 Y. ~~M.~~ ~~D.~~ Age 76 Native of Occupation Farmer

~~Male~~ / ~~Female~~ White / ~~Colored~~ ~~Married~~ / ~~Single~~ ~~Widow~~ / Widower ~~Divorced~~

Number of children living 6

~~Wife~~ Husband of Polly Willing & Polly Pullott

Father's Name Chas Revell Mother's Name not known

Cause of Death: Primary Pneumonia 72 How long sick 7 dys

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by R. L Hoyt M.D.

Address Priole P.O. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name In Full

Certificate of Death

Mary Waters

Died at ~~Town~~ Fairmount County Somerset MARYLAND

Date 189	Month, Day	Y. M. D.	Native of	Occupation
	April 25	Age 104.		

~~Male~~ / ~~White~~ / ~~Married~~ / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / Divorced

Female / Colored / Married / Single / Widow / Divorced

Number of children living 4

Husband of Wife Preston Waters

Father's Name

Mother's Name 141

Cause of Death — Primary

Immediate, Old age

How long sick

Accident, Suicide, Homicide

Reported by Family

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from Family

of _____